## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications

maintenance fee notifications										
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Fe na	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must					
6449 759		ha	have its own certificate of mailing or transmission.							
ROTHWELL, FIG		Certificate of Mailing or Transmission								
1425 K STREET, N	1425 K STREET, N.W.					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope				
SUITE 800					States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.					
WASHINGTON, DC 20005 02/04/2005 MBEYENE2 00000056 10721065					insmitted to the USF	10 (703) 740-40	oo, on the da	(Depositor's name)		
01 FC:1501 1400.00 OP 2 2005 L						_		(Signature)		
01 FC:1501 02 FC:1504 03 FC:8001 30.00 0FEB 0 2 2005								(Date)		
APPLICATION NO.	FILING DATE	**	FIRST NAMEI	D INVENTO	R	ATTORNEY DO	CKET NO.	CONFIRMATION NO.		
10/721,065	11/24/2003	TRADEMA	Matthias S	Strassburg		2921-1	11	3273		
TIMILE OF INVENTION: PRODUCTION THEREOF	CONTACT STRUCTURE	FOR AN ELEC	TRICALLY	OPERAT	ED II/VI SEMICO	ONDUCTOR EL	EMENT AN	ND PROCESS FOR THE		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUB	LICATION FEE	TOTAL FEE	S) DUE	DATE DUE		
nonprovisional	NO	XXX	NXXX \$1400		\$300	SON	<b>EX</b> \$1700	02/02/2005		
EXAMINER		ART UNIT		CLA	SS-SUBCLASS	7				
MULPURI	2812		4	38-597000	_		·			
Deba-11 Dies Proset										
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				(1) the names of up to 3 registered patent attorneys						
Change of correspondence address (or Change of Correspondence				or agents OR, alternatively,						
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
PTO/SB/47; Rev 03-02 of Number is required.	2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.									
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATEN	T (print or	type)					
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the for filing a	patent. If an assig in assignment.	mee is identified	below, the d	ocument has been filed for		
(A) NAME OF ASSIGNI	B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Technische Universitaet Berlin Berlin, GERMANY										
Please theck the appropriate	assignee category or category	ories (will not be pr	inted on the p	patent):	Individual 🖾 (	Corporation or oth	er private gr	oup entity Government		
4a. The following fee(s) are enclosed:				b. Payment of Fee(s):						
Issue Fee	A check in the amount of the fee(s) is enclosed.									
Publication Fee (No s	Payment by credit card. Form PTO-2038 is attached.									
Advance Order - # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>02-2135</u> (enclose an extra copy of this form).						
5. Change in Entity Status	(from status indicated above	e)								
a. Applicant claims Si	MALL ENTITY status. See	37 CFR 1.27.			onger claiming SMA					
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Iss ublication Fee (if required) ords of the United States Pat	ue Fee and Publica will not be accepte en and Trademark	tion Fee (if a d from anyon Office.	ny) or to re ne other tha	-apply any previou n the applicant; a re	sly paid issue fee gistered attorney	to the applica or agent; or th	ation identified above. he assignee or other party in		
Authorized Signature	foler !	tem	ren	7	Date	2/2/09	<u>,                                    </u>			
Typed or printed name	Robert B. Murra	эу		<i>†</i>	Registratio	on No2	2,980			
This collection of informatic an application. Confidential submitting the completed applications.	on is required by 37 CFR 1.: ity is governed by 35 U.S.C opplication form to the USP1 is for reducing this burden, s inia 22313-1450. DO NOT	311. The information in the second se	depending u	ipon the in	dividual case. Any	comments on the	amount of ti			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.